

U.S. Department of the Interior Public Transportation Subsidy Program Application

	e of Action First-Time Application: Revised Application:		n:	
B. Personal Information				
Name (Last, First MI):				
Home Address: City:		State:	Zip Code:	
Work Address: City:		State:	Zip Code:	
Office Phone Number (xxx) xxx-xxxx Last 4-Digits Social Security Number: XXX-XX		r: XXX-XX-		
Bureau/Office Code and Name (see page 2):				
Employment Status: Full-time: Part-time: Temporary/Seasonal (Appointment Expiration Date (mm/dd/yyyy):				
Payroll Cost Structure Account Number (See page 2):				
C. My Commute (for which I am seeking a transportation subsidy)				
Mode(s) of transportation to be used: Bus Subway Tr	ain Ferry Au	thorized Vanpool I	Light Rail	
Please indicate the number of actual days (excluding Flexible World No. 1)	Schedule day off and	Telecommuting days) p	er week that you	
usually: Drive to work Vanpool Days; Miles each way: Days; Monthly vanpool charge	•			
Public Transit Days; Daily fare:	•			
My daily commuting costs (excluding parking fees) multiplied	by 20 days (per mos.	avg. or actual no. if les	s) =	
I am seeking a monthly transportation benefit (not to exceed \$115.00) of				
Participants are required to REDUCE BENEFITS for Flexible Work Sch		nd as needed Official Travel	, Training and Leave days.	
Name of Public Transit Company/System or Vanpool Compan				
Washington Metropolitan Area ONLY: Applications MUST be submitted to your Bureau/Office Transit Coordinator by the 10 th of				
the month to receive the next month's benefit.) SmarTrip Card No.:	Vanpool Compar	ny No :		
Are you a vanpool operator: Yes No If "yes", Vanpool Registration No. (Issued by transit authority):				
I presently utilize a federally-subsidized parking space: Yes No				
D. Employee Certifications WARNING: This certification concerns a matter with the jurisdiction of an agency of the United States and making a false, fictitious,				
or fraudulent certification may render the maker subject to crim	inal prosecution under	r Title 18, United States	Code, Section 1001,	
Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to				
and including dismissal. I certify that I have read and understand the rules governing participation in the program and I am eligible for the public transportation				
subsidy, will only use it for daily commute to and from work, and will not transfer it to anyone else; and				
I certify that I am employed by the U.S. Department of the Interior and I am not a recipient of Federally subsidized workplace parking with the U.S. Department of the Interior or any other Federal agency. If I have Federally-subsidized parking, I will relinquish my parking				
privileges prior to receiving Transportation Subsidy Benefits; and				
I certify that my monthly commuting costs (excluding parking fees) stated above are accurate and do not exceed my actual costs; and				
I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my qualifying commuting costs per month on public transportation exceed the monthly statutory limit, I will supplement those additional costs with my own				
funds rather than use a Government-provided transit benefit designated for use in a future month. If I should leave the Department, I will				
return the pro-rated value of unused benefits.				
Employee Signature:		Date (mm/dd	l/yyyy):	
E. Supervisory Approval: As the applicant's supervisor, I certify		ransportation Subsidy P	rogram Coordinator	
that I have reviewed the information provided on this application and believe it to be accurate.	Certification:			
Name:	Name:			
Signature: Date (mm/dd/yyyy):	Signature:		Date (mm/dd/yyyy):	
Title:	Authorized Starting	g Month:		

PUBLIC TRANSPORTATION SUBSIDY PROGRAM APPLICATION

Instructions for Completing this Form:

- Before completing this form, make sure that you qualify for participation in this program by fully acquainting yourself with this
 program. Details of the program are described on the NBC Facilities Management web page at:
 http://www.nbc.gov/facilities/transportation subsidy.html
- A form-fillable version of this application can be found on-line at http://www.nbc.gov/facilities/transportation-subsidy.html; or you may pick-up paper copies from your bureau/office Transportation Subsidy Coordinator, or Room 1210, Main Interior Building.
- The form must be signed by you and your supervisor, and forwarded to your bureau/office Transportation Subsidy Coordinator.
- <u>If you change offices or transfer to another bureau/office, and you wish to remain in the program, you must complete a new form and submit it for processing.</u>
- If the cost of your commute increases or decreases, and your entitlement changes as a result, you will be required to submit a new application.
- SmartBenefits Program (Washington Metropolitan Area (WMA) Only): The SmartBenefits Program utilizes the SmartTrip Card enabling automatic loading of subsidy on a monthly basis at local Metro kiosks. This program is mandatory for employees in the WMA. For additional information please see our website: http://www.nbc.gov/facilities/transportation-subsidy.html
- If you have additional questions please contact your bureau/office Transportation Subsidy Coordinator.

Specific Instructions for Completing this Form:

A. Type of Action:

• Select First-time Application or Revised Application.

B. Personal Information:

- Complete Personal Information section.
- If you do not know your "Payroll Cost Structure Account Number," obtain it from your supervisor, timekeeper or administrative officer. This is the account number to which your salary is charged. It is often available in the time and attendance office. This application will not be processed without this number.
- Bureau Codes to be Used:

BIA06 - Bureau of Indian Affairs	FNP10 - National Park Service	FWS15 - Fish & Wildlife Service
LLM05 - Bureau of Land Management	LMS23 - Minerals Management Service	LSM22 - Office of Surface Mining
NBC01 - National Business Center	OIG24 - Inspector General	OS01 - Office of the Secretary
SOL21 - Solicitor	WBR07 - Bureau of Reclamation	WGS08 - U.S. Geological Survey

C. My Commute:

- Complete My Commute section.
- Washington Metropolitan Area Only: You MUST purchase (\$5.00) and register your SmarTrip Card with METRO online at http://www.smartrip.com or call 202-366-6902. Your application will not be processed without your REGISTERED SmarTrip Card number in the space provided. Vanpool riders must provide the Vanpool number. Commuters using modes of transportation not currently accepting the SmarTrip Card should see our website: http://www.nbc.gov/facilities/transportation_subsidy.html for additional information.

D. Employee Certifications:

• Understand and comply with the rules governing participation in the Transportation Subsidy Program; then, sign and date the form.

E. Supervisory Approval:

• Approve and return application to employee for forwarding to the bureau/office coordinator.

F. Bureau/Office Transportation Subsidy Coordinator Certification:

• Certify application and forward to the Department of Transportation for processing.

Privacy Act Statement: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transportation subsidy benefit. The purpose of this information is to facilitate timely processing of the request, to ensure eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with the U.S. DOI or any other Federal agency.

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